

COUNTY BOROUGH OF BIRKENHEAD



EDUCATION COMMITTEE

ANNUAL REPORT
on the
SCHOOL HEALTH SERVICE
for the
YEAR ENDED 31st DECEMBER, 1971.
by

P. O. NICHOLAS

M.B., Ch.B., D.C.H., D.P.H.

Principal School Medical Officer

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COUNTY BOROUGH OF BIRKENHEAD

EDUCATION COMMITTEE
(as at 31st December, 1971)

The Worshipful the Mayor

ALDERMAN K.W. PORTER

Chairman:

COUNCILLOR MISS E.M. KEEGAN

Deputy Chairman

COUNCILLOR G.J. LLEWELLYN

Aldermen:

J. FURNESS, J.P.

C.S. McRONALD, J.P.

J.H. ROBERTS, J.P.

MRS. M.C. WINTER

Councillors:

J.W. HARLAND

G.C. LINDSAY

A.E. SMITH

MRS. N.E. UNDERHILL

A.E. WISE

R. KIMBERLEY

MRS. S.W. PYKE

MISS D. TOMLINSON

D.W. WILLIAMS

Co-opted Members:

THE REV. J. BURGON

MR. G. FLINT

MR. H.P. BIRKETT

MR. D.J. GAY, J.P.

MR. D.F. BATES

THE REV. J. ST.H. MULLETT, M.A.

PROFESSOR T.W. GOODWIN, D.Sc.,
F.R.I.C., F.I., Biol., F.R.S.

MR. K.G. ALLEN

MRS. M. MUIR, J.P., B.Sc.

S T A F F

Principal School Medical Officer:
P.O. NICHOLAS, M.B., Ch.B., D.C.H., D.P.H.

Deputy Principal School Medical Officer:
J.T. ROBERTS, M.B., B.S., D.P.H.

Senior Medical Officer:
MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:
PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S.
CAROLE STANDLEY, M.B., Ch.B. (Resigned 31st October, 1971)

Local Medical Practitioners who provide part-time
service on a sessional basis:
OLIVIA S. CROSTHWAITE, M.B., Ch.B.
JOYCE M. OWEN, M.B., Ch.B.
PAMELA A. ROBERTON, M.B., Ch.B., D.Obst., R.C.O.G.
MAUREEN M. WETHERELL, M.B., Ch.B.
SHIRLEY NICHOLAS, M.B., Ch.B., D.Obst., R.C.O.G.
NORA M. ENGLISH, M.B., B.Ch. (Ophthalmic)
PHYLLIS JEAN DISLEY, M.B., B.Ch.

Consultant Psychiatrist:
SHEILA L. WRIGHT, M.B., Ch.B., D.P.M., D.C.H.

Consultant E.N.T. Surgeons:
A.S. DAVIDSON, M.B., Ch.B., F.R.C.S., D.L.O.
(February-March 1971)
A.K. BARUAH, M.B., B.S., F.R.C.S.E., D.L.O.
(With effect from April 1971)

Chief Dental Officer:
W.M. SHAW, L.D.S.

Senior Dental Officers:
R. CLIFFE, B.D.S. (Resigned 1st July, 1971)
STEPHANIE WITHERS, B.D.S.
A.R. GILL, B.A., L.D.S. (Commenced 19th April, 1971)
N. KENDALL, L.D.S. (Commenced 22nd November, 1971)

Local Dental Surgeons who provide part-time
service on a sessional basis:
N. HEWITT, L.D.S.
MAUREEN MORTON, B.D.S.

Consultant Orthodontist (Part-time):
T. WYNNE, P.H.D., B.D.S., F.D.S., D.Orth., R.C.S.

Anaesthetists (Part-time):
ANTHEA BUSHBY, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A.
G. McLoughlin, M.D., F.F.A.R.C.S.

Speech Therapists:
Mrs. C. WILSON, L.C.S.T. (Part-time, 1st January-31st March, 1971)
Mrs. R.S. LAW, L.C.S.T. (Part-time)
Mrs. A. WHITE, L.C.S.T. (Resigned 31st July, 1971)
Mrs. M.A. PRITCHETT, L.C.S.T. (Commenced 15th November, 1971)

Superintendent Health Visitor and School Nurse:
Miss A.E. GRIFFITHS, S.R.N., S.C.M., H.V.C.
(Retired 27th August, 1971)
Miss F.E.M. BUTT, S.R.N., S.C.M., H.V.C.
(Deputising w.e.f. 28th August, 1971)

Health Department,
Social Services Centre,
BIRKENHEAD.

TO: THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE.

In spite of staffing difficulties and the loss of Dr. Carole Standley, who moved to Chester, we were, with the help of our part-time doctors assisting our full-time staff, able to give a reasonable school service in 1971 - indeed we were able to make certain improvements.

We have been concerned with the pre-school and school children who have had to wait a long time for ear, nose and throat Consultant opinion. This problem has been made worse by one of the Consultant appointments being unfilled for some time. In January, 1971, discussions took place with Mr. A.S. Davidson, one of the Senior Consultants, and he agreed to give one session a month to see most urgent cases. The session is conducted at the Health Department and the Teacher for the Deaf, the School Nurse doing audiometry in the schools and a School Doctor, all try to attend. Most of the selected cases had a fair amount of marked hearing loss and were usually having educational difficulty. There is no doubt that the help of an E.N.T. Surgeon to guide us with these more difficult cases has been invaluable. In May with the appointment of a new E.N.T. Surgeon, Mr. A.K. Baruah, Mr. Davidson handed over the work to him. Mr. Baruah has helped the children with his operative expertise and we have all been delighted to see children, who prior to operation were struggling with their school work, return to a later clinic smiling and happily coping with life at school. Of course, we were not able to give a full service of hearing assessment and we have been grateful for the help we have received from the Liverpool and Chester Audiology Clinics. Our attempts to appoint a trained Audiometrician failed in 1971 primarily because we did not have sound-proofed rooms and other facilities. The Director of Education and I will be looking at this problem as we have been requested to do by the Education Sub-Committee. In spite of lacking some facilities the help to partially hearing children in the town of Birkenhead is improving.

The second group of handicapped children who received extra help were the maladjusted. Although Dr. Shiela Wright, the Consultant Psychiatrist, was only able to give the school service one session a week, this session and the assistance given by Dr. D.M. Zausmer of the Hospital Child Guidance Service gave support to our Psychological team. We paid particular attention to children before the Juvenile Courts. These children are now seen by doctors of the School Health Service to try to assess who will benefit most by psychiatric opinion - it is a question of trying to make a limited service as effective as possible. The teaching of the disturbed children is just as important as their assessment and though during 1971 we had some difficulties

we are providing an improving service. During the year, thanks to the enthusiasm of the Mayor, a Committee was set up to consider all aspects of vandalism in the town. It is hoped that we shall gain some ideas of how we can reduce this aspect of disturbance in the young in Birkenhead.

In April the severely subnormal children moved more into the framework of the Education system and the new Junior Training Centre became Moreton Cross School. This move is a good one if it encourages trained teachers to take more interest in those who are most deprived of educational advantage, but careful ascertainment is still necessary and the Principal School Medical Officer should still advise the Director of Education about the total health problems of these children.

Progress too was made towards the building of a school for physically handicapped children, and by the end of the year plans were being drawn for a 100 place school with an additional 20 nursery places. It is always difficult planning for this type of school. The physically handicapped children born were fewer this year, but the Hospital School at Clatterbridge Hospital can take no further children from North Wirral and the school for the physically handicapped in Wallasey also has a full quota of children. With at least 2% of our babies being born handicapped and other more latent handicaps being screened out in the pre-school years, we must provide for these disadvantaged children. Discussions took place during the year with various Voluntary Societies for Handicapped Children. We are grateful to these organisations for the work they do for the Autistic, the Spastic, the Mentally Handicapped and others. The Officials must listen and learn and then try to stretch the small budget to make the best provision, always bearing in mind that handicaps are not single but multiple, and they need a multi disciplinary approach which we have tried to give in our various case conferences.

During the past year in an endeavour to improve recruitment to the Speech Therapy Service, the establishment was increased from 2 to 3 and one of these posts was graded Senior Therapist. It proved impossible to fill this senior post by the end of the year and the service was covered by one full-time and one part-time Speech Therapists. It is hoped that in the near future it will be possible to fill all vacancies and a start made on the backlog of cases needing help.

With our concentration on the needs of handicapped children we have not neglected the routine work, though how Mr. C.G.D. Taylor, the School Health Section Senior Clerk, has been able to find the doctors is sometimes beyond comprehension. No one is quite sure with re-organisation how the School Health Service is going to be run, but let there be no mistaken ideas, if it is going to work at all, attention must be paid to the careful integration of the administrative links in the Health and Education Departments, and good clerical administrators in the Health Area Boards will have to maintain careful links with the various doctors and nurses who over these difficult years have maintained an efficient School Health Service - this is a vital clinical service to maintain the health of future generations.

When we speak of the School Health Service we must not forget that important part - the School Dental Service. During 1970 our service improved and although we lost one Senior Dental Surgeon we added two other experienced dentists, and by the end of the year, for the first time in many years, we had a complete dental surgeon establishment. To gild the lily we were fortunate to maintain a Dental Auxiliary during the year who in link with the Health Education staff carried out dental health education in the schools. It was gratifying that the Dental Inspector from the Ministry gave a much more favourable report than the previous year.

James Reid, Rector of Glasgow University, said in his Rectoral address, "The flowering of each individual's personality and talents is the pre-condition for everyone's development". I think members of the School Health Service have once again contributed to the flowering of the humblest of the individual personalities. They have been assisted by the Chairmen and members of the School Health Sub-Committees. Changes of political control have not altered the help given and the enthusiasm for the task. The Director of Education and his staff, and the Headteachers and Teachers of the Schools have given their continued co-operation. As Principal School Medical Officer, and leader of the School Health team, I am grateful to all.

P.O. NICHOLAS

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY BOROUGH OF BIRKENHEAD
(Number of Schools and Children)

Comprehensive, High and Secondary Schools:

9 Units 6,671

County Middle Schools:

16 Units 5,000

County Primary Infants Schools:

18 Units 5,067

County Combined Primary and Middle Schools:

5 Units 2,054

Voluntary Middle Schools:

7 Units 2,005

Voluntary Primary Infants Schools:

9 Units 2,250

Voluntary Combined Primary and Middle Schools:

5 Units 1,476

Special Schools:

3 Units 232

Total Number of Pupils: 24,523

Secondary Schools (Non-maintained)

There are four direct grant Secondary Schools in the Town as follows :-

The Birkenhead School for Boys, Shrewsbury Road.
 The Birkenhead High School for Girls, (G.P.D.S.T.)
 Devonshire Place.
 The Convent, F.C.J., High School, Holt Hill.
 St. Anselm's College, Manor Hill.

Nursery Classes

Nursery Classes exist in connection with the Infants' Departments of the following schools :-

Cathcart Street Primary
 Rock Ferry Primary
 The Dell Primary
 Bedford Drive Primary
 Cole Street Primary
 Devonshire Park Primary
 St. Anne's RC Primary
 St. Joseph's RC Primary

Progress Classes

Progress Classes are maintained at The Woodlands and at Trinity Street Primary Schools.

Special Schools and Education in Hospitals

Educational facilities are provided as follows :-

Gilbrook School	-	Day Special Schools for E.S.N. and Maladjusted Pupils.
Woodvale School	-	Day Special School for E.S.N. Pupils.
Thingwall Hospital	-	Hospital Special School.
St. Catherine's Hospital	-	Hospital Special School.
Children's Hospital	-	Hospital Special School.

MEDICAL INSPECTION AND TREATMENT

The arrangements for the reference of children found to require treatment at routine, special and selective medical inspections have continued as in previous years.

The flow of information about school children from the medical staffs of Hospitals on Merseyside, particularly of Children's Hospitals, has continued. Much useful information has been sent to the School Health Service.

Medical histories of school leavers have continued to be sent to the General Practitioner, when considered desirable.

Medical inspections are held as follows :-

- (a) New entrants to maintained Schools as soon as possible after date of admission.
- (b) Selective medical inspection of pupils carried out in maintained Schools at age of 7-8 years and between 11 years - 12 years of age.
- (c) Every pupil attending maintained High Schools during the last year of attendance at school.

The following additional examinations were carried out :-

Children referred for convalescence	..	..	13
Employment out of school hours	..	..	76
Audiometry - Sweep Tests in school	..	..	4,455
Clinic examinations	..	..	940
Other minor examinations	..	..	43

The selective medical inspection is arranged from children known to have defects (Entrants), any suggested by the Director of Education, Headteachers and at the request of Parents.

949 re-inspections were made in the case of children with defects necessitating a "follow-up".

CO-OPERATION WITH PARENTS

Parents attended at the examination of 2,640 (59.30%) of the 4,452 pupils seen at medical inspections.

Age Group Inspected (By year of birth)	Number of pupils inspected	Number of parents present	%
1967 (and later)	526	455	86.50
1966	1,063	1,012	95.20
1965	355	350	98.60
1964	237	175	74.00
1963	131	94	71.76
1962	107	76	74.77
1961	85	54	63.53
1960	130	86	66.15
1959	73	47	64.38
1958	21	9	42.86
1957	4	2	50.00
1956 (and earlier)	1,720	280	16.40

It is encouraging that so many parents take an interest and attend the medical examination, particularly in the early stages of their child's school life.

NUTRITION

Of the 4,452 children medically examined it will be seen that 4,441 children, or 99.75%, were classified as satisfactory and only 11 children were considered as unsatisfactory. (Please see returns to the Department of Education and Science, contained in this report).

PROVISION OF MEALS AND MILK

The total number of school meals provided during 1971 was 2,485,279, a decrease of 280,350 on 1970. Of this number 1,799,715 were supplied on payment and 685,544 were provided free. These figures refer only to maintained schools and to school meals supplied to Teachers, but not to those for members of the kitchen and canteen staff. During the year 2,333,710 one-third pint bottles of milk were supplied to schools in the Borough, including non-maintained schools.

During 1971 the Medical Officer of Health, acting in the capacity of Principal School Medical Officer, was asked to take part in a survey of the nutrition of selected school children in the area. The need for this survey was to assess, if possible, the changes in the health of the children over the next few years, as the result of certain Government decisions which seem to have been taken without consultation with Principal School Medical Officers.

The first decision was to increase the charges of school meals from 9p to 12p and this became operative in April, 1971. The number of pupils having school meals has steadily increased following the initial fall when the charge was increased. However, the numbers of pupils bringing sandwich meals has not decreased, as may have been expected, and at recent reviews the number of pupils having sandwich meals was 1,054 a day. It is interesting that in a National Survey of School Meals, Professor Bender has stated recently that the proportion of sugar in school meals was often too high and there was insufficient protein. Others have replied to his Survey and consider the content of alternatives to school meals, namely sandwiches, snacks, chips and the possibility of no meal at all, and in almost all cases the type of food and the calorie content is worse than the much criticised school meal - which still represents the best buy apart from a well balanced lunch at home.

The second Government decision was to stop school milk to children over 7 years. There was so much criticism of this legislation - not the least by some parents in Birkenhead, that on 1st September, 1971, new Regulations for the provision of free milk became effective. The provisions of the Education (Milk) Bill limited the power of Authorities. Under the new Regulations the provision of free milk can be authorised on medical grounds to children over 7 years but under 12 years.

Whoever made these Regulations did not give sufficient thought to the overworked staff in School Health and Education Departments, or to the Teachers in Schools. After Teachers, Administrative staff and School Doctors had used their valuable time one can only hope that we made correct decisions on 'health' grounds. How is the Doctor to be certain which child needs milk more than another? In Birkenhead social health factors are probably the best guide. However, by the end of the year :

1,470 had been approved for milk until further notice
114 approved for milk for 12 months

Certain questions must be asked about the stopping of milk to children over 7 years.

1. Was any money saved by the decision, bearing in mind the enormous expense engendered by the later Regulations?
2. If it was decided to stop milk to the children would it not have been better to have stopped milk in affluent areas of the country, but given it to children in industrial areas?
3. If the children were not to have the milk after 7 years of age, why not give this milk free to the mothers in industrial areas? Some of the mothers in artisan classes who have to look after several children are inadequately nourished. Indeed, many smoke rather than eat. It is interesting to note that of the 379 mothers attending the Direct Family

Planning Clinic in 1971, 106 smoked more than 10 to 20 cigarettes a day. It has been shown that women who smoke have smaller babies on average - whether this is due to poorer maternal blood supply to the baby, or poorer maternal nutrition, is open to question.

The recent Survey compiled by the National Children's Bureau, "From Birth to Seven", shows that the difference between children from well off homes and poor ones are measurable. Children it seems are getting taller each decade, but the gap between the social classes is not narrowing. Children of unskilled families are likely to be less well adjusted at school and to have a poorer stock of general knowledge. They are more likely to have a squint, a speech defect, poor physical co-ordination. The child from the poorer home has a reduced reading ability. Poor housing, overcrowding and poor nutrition have a detrimental affect on the health of the child.

With all this evidence is there any need for a further Survey, asking School Nurses and Health Visitors to check height and weight and skin thickness? Surely a better idea was to leave cheaper school meals to disadvantaged children and free milk to certain mothers in industrial areas. We should be planning children carefully considering the numbers in each family and the quality of their lives - good nutrition is one part of this quality of life.

CLEANLINESS AND CLOTHING

2,973 pupils of the 42,356 examined were found to be infested with vermin in varying degrees. In many instances re-infection occurred after cleansing. Whilst housing conditions cannot be wholly to blame, they may well be a contributing factor, as there are still many houses in the Borough without adequate bathing facilities. The establishment of a Cleansing and Bathing Centre at Balls Road Clinic has not yet been completed. It proved difficult to achieve the programme in time, and the last phase of the scheme should be completed during 1972.

It was considered that the standard of clothing and footwear was generally satisfactory.

VACCINATION AGAINST SMALLPOX

During the past year 39 children of school age were vaccinated and 39 re-vaccinated against smallpox.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Arrangements were again made during the year to vaccinate 12 year old children in school, subject to the usual consent being obtained from parents.

Children found to be positive following testing are sent for x-ray examination at the Mass Radiography Unit and certain cases are referred to the Consultant Chest Physician.

12 year olds Parents Notified	MULTIPLE PUNCTURE TEST		VACCINATION
	Children Tested	Positive Reaction	Children given B.C.G.
2,903	2,711	260	1,928

IMMUNISATION AGAINST DIPHTHERIA

The following are details of immunisation against Diphtheria of school children, carried out in schools :-

Treatment completed	..	..	..	372
Received reinforcing injection	..	..	..	1,415

IMMUNISATION AGAINST TETANUS

During 1971 immunisation against tetanus was continued with sessions held in schools and in clinics. The following number of children were immunised :-

Received a complete course	..	..	..	395
Received a reinforcing injection	..	..	..	1,492

IMMUNISATION AGAINST POLIOMYELITIS

In 1971 immunisation against poliomyelitis continued and the following number of school children were immunised :-

Primary course	..	..	..	..	..	..	..	384
Received reinforcing dose	..	..	..	..	..	..	..	977

MINOR AILMENTS

Children referred by the Director of Education and Headteachers are medically examined at special sessions arranged for this purpose and these arrangements are proving adequate.

DEFECTIVE VISION

Dr. Nora M. English, an approved Ophthalmic Medical Practitioner, has continued to review children with defective vision, referred from school medical inspections. At the present time two weekly sessions are held at the Eye Clinic, Social Services Centre, Birkenhead.

I am grateful for the information about school children with defective vision referred to Dr. English by General Practitioners. I receive a copy of all reports which are sent to the Family Doctors, following such examinations.

Particulars of school children seen at the Eye Clinic during the past year are given below :-

	New Cases	Re-examinations	Total
Glasses prescribed	131	343	474
Glasses not prescribed	139	239	378
Number examined	270	582	852

During the year a total of 1,330 appointments were despatched and of this number 478 children failed to attend the Clinic for vision testing.

The clinical facilities for eye examination are greatly improved in the new Social Services Centre - there is an excellent dark room and first class equipment. It seems that as a result of these improved facilities the number of those defaulting from attendance at the eye clinic over the last three months of the year has fallen.

KEYSTONE SCHOOL VISION SCREENERS

The vision screening of children in schools continued during the year and the two screeners were used constantly in assessing the vision of children within the age groups 6 to 14 years of age.

Children discovered to have visual defects are given the opportunity of seeing their own Ophthalmic Medical Practitioner or Optician of their choice, or being examined at the Local Authority Eye Clinic.

The details of the children vision screened are given below :-

Number of children tested	..	..	..	..	10,146
Number with defects of varying degree	..	..			2,619
Number with normal vision	..	..	..	..	6,848
Number already wearing spectacles		..	..		679

The screeners were used in 50 schools and 309 sessions were devoted to these examinations.

Prior to 1971 it was not the practice to visit Grammar Schools but with the inception of comprehensive education in the Borough the vision screening programme has been revised to include High Schools. Owing to lack of suitable accommodation in two High Schools it was not possible to carry out vision screening in these schools but it is hoped that necessary arrangements can be made for the future.

EDUCATIONALLY SUBNORMAL CHILDREN

With implementation on the 1st April, 1971, of the Education (Handicapped Children) Act, 1970, children at the Junior Training Centre, Wallasey, were brought within the educational system and the Centre was renamed Moreton Cross School. There are 62 such Birkenhead pupils.

Within the last twelve months the Department of Education and Science approved the establishment of Gilbrook Day Special School for Educationally Subnormal pupils and Maladjusted pupils.

During the past year 25 pupils attending ordinary schools were assessed as being educationally subnormal and requiring special educational treatment.

Pupils in attendance at the Day Special Schools for Educationally Subnormal pupils were kept under review and re-ascertained in connection with special school leaving and at routine re-inspections.

BLIND AND PARTIALLY SIGHTED PUPILS

The number of Blind and Partially Sighted pupils is very small and these children are accommodated in other Authorities special schools or local ordinary schools as appropriate. One girl was assessed during the year as needing special educational treatment as a partially sighted pupil.

EAR, NOSE AND THROAT

Pupils found at routine, special and re-inspections to be suffering from pathological conditions requiring treatment are referred to their General Practitioners or to the Consultant E.N.T. Surgeons as deemed necessary.

From returns submitted by Birkenhead Hospitals, the following treatment was reported to have been given during 1971 :-

Hospital	For adenoids and chronic tonsillitis	For other nose and throat conditions
St. Catherine's	41	4
Children's	51	6

CONVALESCENCE AND AFTER CARE

In 1971 the Medical staff examined 13 school children who were referred for convalescence and approval was given in all cases.

Parents refused consent in four cases and the actual number of children admitted to Convalescent Homes during the year was 9.

DEAF AND PARTIALLY HEARING CHILDREN

During the past year work has continued in the ascertainment of children with hearing difficulties and the placement of such pupils in suitable educational establishments.

Mr. H.N.W. Fletcher, M.A., Dip.Ed., Cert.T.D., Teacher of the Deaf, has kindly submitted the following report on the Partially Hearing Unit for the year :-

HEARING-IMPAIRED CHILDREN

The Advisory Peripatetic Service, which originated in the survey of hearing-impaired children, instituted by the Director of Education in 1968, developed significantly in 1971. The number of children using hearing aids in Birkenhead schools rose from thirty to forty, and there were also more than thirty known to be handicapped by a severe unilateral hearing loss. The Teacher of the Deaf was also concerned with many other children experiencing serious but temporary deafness.

Perhaps the most significant advance of the year was the early discovery of two deaf babies born in 1970. Altogether ten pre-school children were helped. In all cases the parents attended for one or two hours each week for counselling, the aim of which was to show them how to teach their children at home. Two of these children were later placed in the Partially Hearing Unit at Townfield School, and a third was accepted at a residential school for the partially hearing.

The Partially Hearing Unit began the year with eight children. Two of these were able to move back to their local schools, with subsequent peripatetic support, and a twelve-year-old was placed at Birkdale School for the Partially-Hearing. Four severely handicapped infants and an elder child were moved into the Unit. The total there reached ten, and this coincided with the appointment of a full-time teacher of the deaf to take charge. The number of transfers is likely to prove exceptional. By the end of 1971 most places were held by young children who would need to remain until the age of twelve.

The Unit continued to function as an integral part of the School, with the partially hearing children participating fully. This kind of educational treatment may be summarised as skilled individual teaching, using good modern electronic equipment, in a normal, but understanding, environment. Children with quite severe deafness have learnt to understand language, to develop intelligible speech, to read, and to join in all the activities of a normal education.

AUDIOMETRIC SWEEP TESTING

The two audiometers for sweep testing of school children in schools and clinics continued and the School Nurses examined the following number of children during the past year :-

Total number seen	..	..	..	..	..	4,455
Number referred for Specialist opinion	..					86

SPEECH THERAPY

The Speech Therapy Service has continued as a joint service with the Birkenhead Hospital Management Committee and during the year the following school children received speech therapy at the Local Authority Clinics :-

The position as at the 31st December, 1971:

Receiving Speech Therapy	..	..	..	..	..	193
Completed a course of Speech Therapy	..	..	..	..	..	63
Improved and removed from list	..	..	..	..	..	45
Under review	..	..	..	..	..	117
Children awaiting treatment	..	..	..	..	..	129

The decrease in the numbers of children receiving Speech Therapy during 1971 does not indicate any decrease in the numbers of children referred, but reflects the shortage of Therapists to provide a comprehensive service and continuity of treatment.

The increased referral of pre-school children is an encouraging factor. Unfortunately, the lack of sufficient Therapists and breaks in continuity of service prevents prompt assessment and treatment. The presence of a long waiting list does little to encourage parents to attend regularly when children are admitted for treatment.

Treatment

The present treatment pattern consists of weekly sessions of about thirty minutes duration generally carried out on an individual basis. Children with the most severe defects do not derive greatest benefit from this form of treatment and it is hoped to introduce more intensive therapy with two or three sessions per week for the most handicapped children.

It is recognised that daily therapy for short periods is of greatest benefit to severely handicapped children, but this requires adequate staffing and a centralised service.

Recent research indicates that children with delayed development of language abilities derive greatest benefit from early treatment and it is hoped, in future, to introduce more assessment and treatment groups for pre-school children. During 1971 two group sessions for young stammerers were continued and it is hoped to establish earlier treatment for children with disorders of fluency.

Types of Disorders

- (a) Developmental disturbance or delay in the normal patterns of speech and language acquisition.
- (b) Acquired disorders or deviations in articulation, voice fluency and language.

Major factors underlying these disorders are principally, physical intellectual or emotional. Environmental factors are also found to play a major role in causing these disorders. All categories of disorder were treated in Birkenhead during 1971 with a predominance of developmental disorders of language and articulation. There continues to be a high incidence of disorders of fluency.

Clinic Attendance

Head Teachers, School staff and Health Visitors have been very helpful in encouraging the children to attend the Speech Therapy Clinics. However, attendances have been affected principally because of the disturbing effects of interruptions in the continuity of treatment due to shortage of staff.

SCHOOL PSYCHOLOGICAL SERVICE

I am grateful to Mr. P.J. Macdonald, Educational Psychologist, who has submitted a report on the work of the School Psychological Service, a summary of which is reproduced below:

Individual children and parents are seen at the Child Guidance Centre or at their school depending upon the nature of the problem and administrative convenience.

The Majority of problems referred are dealt with solely by the Psychologist. The Social Worker becomes involved when there are indications that a full social history is necessary or when it is felt that the parents require some support.

All children who attend the Consultant Psychiatrist are seen initially by a School Medical Officer and a Psychologist. A full social history is taken by the Social Worker.

The tables below detail the number of children referred and how they were dealt with. No details are given of the number of interviews involved as this number would clearly depend on the amount of time given to each interview. The vast majority of problems require 1½ - 2 hours for adequate diagnosis which may involve one, two or three interviews, depending upon extraneous factors such as the child's attention span and punctuality.

Number of children referred in 1971	385
Number investigated by 31st January, 1971	350
Awaiting investigation at 31st January, 1971	35
Seen by full Child Guidance team - Psychiatrist, Psychologist and Social Worker	40
Seen by Psychologist and Social Worker only	43
Seen by Psychologist only	267

The general educational work has centred largely on two spheres (1) remedial teaching (2) lectures to teachers.

The peripatetic remedial teachers have had regular meetings to discuss administrative and technical problems since the autumn and discussions are under way to widen the coverage of the remedial teaching service to cover all schools in the Borough.

Two courses of lectures have been given to teachers each consisting of ten lectures - the first course in the summer term was on Maladjustment and the second course in the autumn term was on Educational Measurement.

A small amount of advice has been given to schools on standardised tests and other methods of group evaluation.

The year as a whole has seen the establishment of the School Psychological Service. The rate of referral is at the expected level for the population. The future will provide problems if staffing does not keep pace with the increased proportion of cases to be reviewed in addition to new referrals.

CHILD GUIDANCE CENTRE

I am grateful to Dr. S.L. Wright, Consultant Psychiatrist to the Education Authority, for submitting a report on the service, a summary of which is reproduced below:

In the year ended 31st December, 1971, 40 new cases were seen at the Child Guidance Centre, 69 cases reviewed and 4 children, with their families, were seen at the Autistic Unit, Woodvale School, Upton. During the year nine cases were closed and one was referred for treatment at the Priory Day Hospital, Birkenhead.

During the past year the attendances have been good with very few refusals, or non-attendances. A total of 632 home visits were made by the Psychiatric Social Worker, who also gave 269 clinical interviews to relatives of children referred.

A great deal of interest has been shown in the Child Guidance Service, by Headteachers of many schools in Birkenhead, and Mrs. S.M. Ley, the part-time Educational Psychologist, has seen children in schools, in addition to those examined by Mr. P.J. Macdonald, full-time Educational Psychologist.

It may be of interest to mention one or two of the more unusual cases; a girl aged 16½ was referred by her General Practitioner because of emotional disturbance. This girl was of superior intelligence, I.Q. 125, but had only obtained one "O" level, had become depressed and sullen and had the appearance of an early "hippy". She was one of a large family, all of good intelligence, but two of whom had had breakdowns in adolescence. The father was rather remote from the situation and the mother appeared dominant.

The girl came to the Priory Day Hospital, admitted taking marihuana occasionally for her depression, but no other drugs. She described her general misery and inability to think of a future career, but she generally improved on medication, returning to school at the end of the Autumn term. She is making good progress and hopes to complete further "O" and "A" levels within the next eighteen months.

Another girl was referred by the Chief Education Welfare Officer because of anxiety expressed by her Guardian and Headmistress. Her behaviour since the death of her mother had caused her Aunt great concern. The girl was terrified that the Aunt might die soon. She was of average intelligence but had not been able to work up to her full capacity because of her anxiety and fear of once more losing a maternal figure. She responded well at the Clinic and was able to discuss her problems with the Psychiatric Social Worker, who gave adequate support in the home. This type of child requires considerable support and understanding.

One child was transferred from the Notre Dame Child Guidance Clinic, Liverpool, having been seen there for the previous year. She was of low average intelligence, truanting, behaving in a difficult manner at home and at school; her behaviour was bordering on the delinquent. The father suffered from epilepsy, mother was in full employment and both parents found it difficult to handle a daughter, after bringing up three sons. Her behaviour was of the attention seeking variety and at one stage residential schooling had been contemplated.

When this girl was first seen at the Child Guidance Centre her schooling was nearly concluded, as she had only two terms to complete. She had been worrying about her father, who did not always take his medication, but gradually learned to appreciate the problems at home and became more settled. There was concern about obtaining suitable employment and this, indeed, proved to be difficult due to the general employment situation in Birkenhead.

Although there were teething troubles initially the Child Guidance Service is now firmly established in Birkenhead and is fulfilling an important function in the educational services of the Town.

SCHOOL CHIROPODY SERVICE

For some time past it had been evident that there was a demand for a School Chiropody Service. Information was sought from the Authorities at the City of Salford, where a very successful service has been provided for some years.

From the information provided it was possible to draw certain parallels and estimate the requirements for a similar service in Birkenhead.

The Birkenhead School Chiropody Service commenced in September, 1971, on a trial basis of one session weekly. Interest in the Service became widespread and there was a steady demand from General Practitioners, Health Visitors, Teachers and Parents.

The most common foot condition found in children is Verruca Pedis; to a lesser extent callosities and some minor foot orthopaedic defects.

The number of children who attended the Service, up to the end of the year was 59 and these children received 176 individual treatments.

By the end of the year it was apparent that one session per week was insufficient for the demand and it is proposed to allocate additional time in the immediate future, bearing in mind that the only limitations on the Service will be the availability of facilities in the main Chiropody Service, at the Social Services Centre.

HEALTH EDUCATION

Owing to the illness and death of Dr. J. Fergusson, Health Education Officer, it was not possible to carry out much work of Health Education in the early months of 1971.

In August a Health Visitor was seconded to carry on this work pending the appointment of a successor. All High Schools were visited and as many of the Middle and Primary Schools as possible were contacted to offer the facilities available.

I am grateful for the excellent co-operation afforded by Headteachers and there is no doubt that the service could be increased, given the opportunity.

The subjects covered in most High Schools, in a syllabus arranged over a period of ten weeks, were as follows :-

Personal Hygiene	Diet	Human Reproduction
V.D.	Contraception	Addiction
Anti-Smoking	Mental Health	Environmental Hygiene
	Questions & Answers	

All forms of visual aids are used in these courses, but the most popular appear to be cine sound films. The enthusiasm and eagerness with which the Senior courses are received, both by Teaching Staff and pupils, is very gratifying.

Many of the Health Visitors have shared in the work of Health Education and I am grateful for the interest shown.

It is hoped that it will be possible to appoint a Health Education Officer in the near future, when perhaps the scope of the Service can be increased with the continued assistance of the Health Visitors.

MEDICAL INSPECTION RETURNS
YEAR ENDED 31ST DECEMBER 1971

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PERIOD MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	Number of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED		Number of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory Number	Unsatisfactory Number		For defective vision (excluding squint)	For any other condition recorded at Part II	TOTAL individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 & later	526	526	-	-	4	65	64
1966	1063	1063	-	-	7	102	93
1965	355	354	-	-	5	48	44
1964	237	236	1	-	9	24	28
1963	131	131	-	39	4	17	20
1962	107	107	-	46	3	17	16
1961	85	84	1	59	4	12	11
1960	130	127	3	92	4	18	19
1959	73	72	2	42	3	3	5
1958	21	20	1	-	-	2	2
1957	4	4	-	-	-	2	2
1956	1720	1718	2	-	159	83	221
& earlier							
TOTAL	4452	4451	11	277	202	393	525

Col. (3) total as a Percentage
of Col. (2) total 99.75%

Col. (4) total as a Percentage
of Col. (2) total 00.25%

P A R T I ID E F E C T S F O U N D B Y M E D I C A LI N S P E C T I O N S D U R I N G T H E Y E A R 1 9 7 1P E R I O D I C I N S P E C T I O N S

Defect Code Cumber (1)	Defect or Disease (2)		P E R I O D I C I N S P E C T I O N S				Special Inspection tions
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin	T	19	32	1	52	9
		O	27	51	5	83	45
5	Eyes -						
	a. Vision	T	10	163	4	177	25
		O	15	136	4	155	50
	b. Squint	T	29	15	1	45	18
		O	26	28	2	56	28
	c. Other	T	3	1	1	5	1
		O	12	12	-	24	7
6	Ears -						
	a. Hearing	T	6	3	2	11	9
		O	29	24	4	57	65
	b. Otitis	T8	8	5	-	13	3
	Media	O	60	37	4	101	35
	c. Other	T	2	2	-	4	-
		O	12	33	1	46	20
7	Nose & Throat	T	15	3	1	19	13
		O	119	36	9	164	147
8	Speech	T	8	14	3	25	8
		O	30	14	6	50	45
9	Lymphatic Glands	T	1	-	-	1	-
		O	17	6	-	23	6
10	Heart	T	4	1	-	5	-
		O	13	15	-	28	16
11	Lungs	T	10	6	-	16	6
		O	35	30	5	70	56
12	Develop- mental -						
	a. Hernia	T	5	-	-	5	2
		O	6	1	-	7	6
	b. Other	T	4	-	1	5	4
		O	36	6	3	45	23
13	Orthopaedic -						
	a. Posture	T	1	-	-	1	4
		O	1	14	-	15	-
	b. Feet	T	12	5	1	18	9
		O	72	60	2	134	46
	c. Other	T	11	13	-	24	2
		O	24	36	5	65	28

Defect Code Number	Defect or Disease	PERIODIC INSPECTIONS				Special Inspection
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
(1)	(2)					
14	Nervous System -					
	a. Epilepsy T	2	-	-	2	-
	O	4	8	-	12	7
	b. Other T	1	1	-	2	-
	O	9	4	1	14	15
15	Psychological -					
	a. Development T	8	-	1	9	3
	O	8	5	2	15	11
	b. Stability T	2	1	-	3	7
	O	31	54	3	88	45
16	Abdomen					
	T	-	-	1	1	1
	O	13	7	-	20	15
17	Other					
	T	-	1	1	2	-
	O	11	52	2	65	41

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated:
(a) Pupils treated at Clinics or out-patients departments:	43
(b) Pupils treated at school for postural defects:	1
Total:	44

DISEASES OF THE SKIN

(excluding uncleanliness)

	Number of cases known to have been treated:
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	42
Impetigo	23
Other Skin Diseases	25
Total:	90

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated:
Pupils treated at Child Guidance Clinics:	350 cases referred

SPEECH THERAPY

	Number of cases known to have been treated:
Pupils treated by Speech Therapists:	301

OTHER TREATMENT GIVEN

	Number of cases known to have been treated:
(a) Pupils with minor ailments (attended Local Authority's Clinic):	96
(b) Pupils who received convalescent treatment under School Health Service arrangements_	9
(c) Pupils who received B.G.G. Vaccination:	1,928
(d) Other than (a) (b) and (c) above:	
(i) Audiometry (sweep test) in schools: 4,455)	5,029
(ii) Audiometry-Clinic tests by School Medical Officers: 574)	
(iii) General Medical and Minor Ailments treated at Local Hospitals:	389
Total (a)	7,451

ANALYSIS OF HOSPITAL TREATMENT (IN-PATIENTS)

From returns of in-patient treatment submitted during the year by Hospitals in the area, the following analysis, shown under 11 groups, gives the number of cases treated.

Localisation of Disease	Children's Hospital	St. Catherine's Hospital	Thingwall Hospital	Totals
(1) EYES				
Operative	-	-	-	-
Non-operative	-	-	-	-
(2) SKIN	-	2	-	2
(3) GENITO-URINARY	1	37	17	55
(4) EARS				
Operative	24	-	-	24
Non-operative	14	6	-	20
(5) NOSE & THROAT				
Tonsils and Adenoids Ops.	51	41	-	92
OTHERS:				
Operations	6	4	-	10
Non-operations	22	7	1	30
(6) HEART & CIRCULATION	-	2	-	2
(7) RESPIRATORY	7	39	29	75
(8) OPERATIVE SURGICAL	31	52	-	83
(9) NERVOUS CONDITIONS	-	-	-	-
(10) ORTHOPAEDIC	-	-	-	-
(11) GENERAL MEDICAL	162	201	26	389
TOTALS	298	391	73	762

HANDICAPPED CHILDREN - SUMMARY OF ACCOMMODATION(Position as at January 1972)PupilsCategories (a) Blind and (b) Partially Sighted

St. Vincent's School, Liverpool.	1
Royal School for the Blind, Liverpool.	2
Holmrook School for Partially Sighted, Liverpool.	1

Categories (c) Deaf and (d) Partially Hearing

Royal School for the Deaf, Manchester.	1
St. John's School for the Deaf, Boston Spa.	2
School for Partially Hearing, Birkdale.	1
Alice Elliott School, Liverpool.	16
Underlea Open Air School, Liverpool.	1
Thomason Memorial School, Bolton.	1

Category (e) Educationally Subnormal

Pitt House School, Torquay	3
Rocklands, Chudleigh, Devon.	1
St. Christopher's School, Bristol.	1
Pontville R.C. School, Ormskirk.	4
Allerton Priory, Liverpool.	7
Spring Hill School, Ripon.	1
Crowthorn School, Bolton.	2
Aldwark Manor, Kingston-upon-Hull.	1
Hindley Hall, Gateshead.	2
Beechwood School, Liverpool.	1
Gallowhill, Morpeth.	1
Crookhey Hall, Lancaster.	1
The Woodlands, Deganwy.	2
Northcliffe Day Special School (Lancs. C.C.)	1
Woodvale Day Special School, Birkenhead.	112
Autistic Unit, Woodvale School, Birkenhead.	4
Autistic Unit, Neston.	1
Deeside School, Neston.	1
Moreton Cross Day Special School, Moreton.	62

Category (f) Epileptic

Maghull Homes for Epileptics, Maghull.	3
David Lewis Homes, Alderley Edge.	1
Soss Moss, Manchester.	1

Category (g) Maladjusted

Bryn Alyn Community, Wrexham.	2
Larches House, Preston.	2
St. Thomas More's School, East Allington.	3
Shotton Hall School, Shrewsbury.	2
Hilbre School, Sheringham.	3
Clwyd Hall, Ruthin.	2
House in the Sun, Tring.	2
St. Joseph's, East Finchley.	2
Wennington Hall, Blackpool.	1

<u>Categories (h) Physically Handicapped and (j) Delicate</u>	<u>Pupils</u>
Heathercome Brake School.	1
Convalescent Home & School, West Kirby.	5
Bethesda Home, Cheadle.	1
Elleray Park Day Special School, Wallasey.	22
Home of Recovery, Liverpool.	1
Corfield Residential School, Coventry.	1

RETURN OF HANDICAPPED CHILDREN

PART I

Details of handicapped pupils requiring education at Special Schools, returned to the Department of Education and Science on Form 2LM an extract of which is reproduced.

	During the calendar year ended 31st December, 1971:-	Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	ESN (8)	Epil (9)	Sp.Def. (10)	TOTAL (11)
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	-	-	-	1	8	2	5	15	1	-	32
	Boys	-	-	-	1	3	2	1	10	1	-	19
	Girls	-	-	-	-	-	-	-	-	-	-	-
B	How many children were newly placed in special schools (other than hospital special schools) or boarding homes?											
	{ (i) of those included at A above											
	Boys	-	-	-	-	2	-	1	7	-	-	10
	Girls	-	1	-	-	2	2	1	4	1	-	11
	{ (ii) of those assessed prior to January, 1971											
	Boys	-	-	-	-	5	1	2	17	-	-	25
	Girls	-	-	-	-	1	-	-	9	-	-	10
	{ (iii) TOTAL newly placed - B (i) and (ii)											
	Boys	-	-	-	-	7	1	3	24	-	-	35
	Girls	-	1	-	-	3	2	1	13	1	-	21

	Boys	43
C	Girls	56
	TOTAL	99

How many children from the Authority's area, previously regarded as unsuitable for education at school, became the Authority's responsibility on 1st April, 1971?

PART II

As at 20th January, 1972											
	Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	ESN (8)	Epil (9)	Sp.Def. (10)	TOTAL (11)
B How many pupils from the Authority's area were on the registers of:-	(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained										
	-	-	6	1	10	-	1	97	-	-	115
	-	-	3	6	12	-	-	81	-	-	102
	-	-	-	-	1	1	1	7	-	-	10
	-	1	-	-	-	-	-	1	1	-	3
	(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated										
	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
	1	-	-	1	4	-	-	6	1	-	16
	-	2	-	-	-	2	2	8	3	-	17
	(iii) Independent schools under arrangements made by the authority. Totals to agree with the totals on Form 21bM										
	-	-	-	-	-	-	-	-	7	-	7
	-	-	-	-	-	-	-	-	9	-	9
	-	-	-	-	1	-	10	4	-	-	15
	-	-	-	-	-	-	2	1	-	-	3
	(iv) Special classes and units not forming part of a special school.										
	-	-	-	-	5	-	-	-	-	-	5
	-	-	-	-	5	-	-	-	-	-	5
C How many children from the Authority's area were boarded in homes and not already included in B above. Totals to agree with the totals on Form 21cM.	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
D How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944.	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-
E Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools special classes and units; under Section 56 of the Education Act, 1944; and boarded in homes.	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	1	-	-	-	-
F Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools special classes and units; under Section 56 of the Education Act, 1944; and boarded in homes.	1	-	-	7	17	2	23	126	1	-	186
	-	3	3	12	12	2	4	101	4	-	141

REPORT ON PHYSICAL EDUCATION IN SCHOOLS IN BIRKENHEAD, 1971

The Director of Education has kindly submitted the following report:

Physical Education has occupied its usual important place in the activities of schools of the Borough this year. Increasing emphasis has been given to the "movement" approach, particularly in the First and Middle Schools. The new light and easily assembled tubular apparatus is in constant use. With the establishment of Middle Schools in September, 1971, considerable thought was given to the provision of extra facilities for the additional Middle School year. As a result the Middle Schools were given increased allocations of time at the playing fields and swimming baths. It would be now true to say that the middle years of schooling are those where the bulk of swimming tuition is found.

Out of school activities have proceeded strongly. In the Middle and Combined Schools the inter-school leagues and rallies in football, cricket, rounders and netball have had their usual success. Pride of place must go to the Junior Town Team for reaching the final tie of the Cheshire Schools' F.A. Moor's Cup Competition. The Junior Athletic Festival was a complete success. Nearly one thousand school children took part. The facilities offered at the Woodchurch Arena and the ready help given by the many officials made significant contributions to the event.

The Secondary Schools pursued a wide variety of activities. In May the usual Secondary School Athletics Championships were held. They went with a resounding swing and had great support. Full teams of athletes represented the town at the County Championships and four boys went on to the All-England Championships. In 1973 Cheshire will be staging the All-England Schools Championships at the Oval and Birkenhead teachers are already involved to a great degree in planning this championship. The girls of Birkenhead Town Football Team reached the semi-final of the Cheshire Shield losing this game to Chester by the only goal of the match. The girls of Birkenhead Secondary Schools displayed their usual enthusiasm. In netball six schools entered the Cheshire Schools Tournament two of which reached the finals. Four schools also entered the English Schools Knock Out Tournament. Birkenhead schools have been strongly represented in various girls' cross country events and two girls were chosen to represent Cheshire in the English Schools Championships at Keswick. Swimming held its usual run of success for the girls of Birkenhead. At the Cheshire Schools Gala, held at Dukinfield, for pupils of 11 to 14, Birkenhead won the Duke of Westminster Challenge Cup. At the Cheshire Schools Gala for pupils of 14 to 16, held at Lymm, Birkenhead won the Cheshire Swimming Shield. Pupils of many schools took Royal Life Saving awards and the value of this training cannot be too highly stressed. Seven hockey teams took part in the Birkenhead Schools Tournament and three also took part in the Cheshire Schools Hockey Tournament. In athletics a full team of girls represented Birkenhead in the Cheshire Schools Championships. Birkenhead were the winners of the Intermediate Trophy (14-16 years).

These valuable activities are only made possible by the great voluntary support of the local teachers. The work of the officials of the Birkenhead Schoolboys and Schoolgirls Sports Associations deserves the highest praise.

SCHOOL DENTAL SERVICE

I am indebted to Mr. W.M. Shaw, Chief Dental Officer, for the following report on the School Dental Service for 1971:

During the year there have been some changes in the staffing situation. Mr. A.R. Gill was appointed to the post of Senior Dental Officer in April and this appointment brought our strength up to the establishment of five dental officers. Regretably, however, Mr. R. Cliffe, following a period of absence through ill-health, decided to leave Birkenhead in July, in order to take an appointment in the more rural circumstances of Lincolnshire. His replacement was found in Mr. N. Kendall, who was appointed Senior Dental Officer in November. Thus, for several months of the year, we were one dental officer below strength. Since 1970, the staffing situation generally has been much more favourable than that of former years. The dental team is completed with our Dental Auxiliary, six Dental Surgery Assistants, two Clerks and part-time help from our Anaesthetists and Orthodontist.

The statistical tables show that 5,358 pupils received a dental inspection at school which, together with the 2,724 pupils inspected at the clinics, represents about one-third of the total school population. It is somewhat disappointing that, at the present time, we are unable to cover the entire school population. This we could only do if we were able to offer, without too long a delay, full comprehensive dental treatment to those found to require and then request this. Of those who received a dental inspection during the year, 79 per cent were found to require dental treatment - a considerably higher figure than the national average of 56 per cent. 38 per cent of all those offered dental treatment resulting from the inspections at the schools, expressed the wish to obtain dental treatment through our dental services. This shows that the demand for dental treatment is similar to that of previous years. Most of the remaining 62 per cent indicated that they wished to obtain their dental treatment through the general dental services. However, it is obvious that a certain number of school children appear never to receive any dental treatment, their parents making no effort at all to ensure that their children attend a dentist, even though advised to do so.

A brief analysis of the statistics relating to dental treatment will show that 2,103 courses of treatment were completed in the year, compared with 1,553 courses completed for 1970. The amount of conservative dentistry shows a slight increase on that for 1970 and a considerable increase on that of earlier years. This is a reflection of the improved staffing situation. The total number of teeth extracted, unfortunately remains as high as ever, as does the number of "emergencies" - that is attendances for the relief of pain. The provision of an efficient emergency service is likely to continue to be an important aspect of our work.

A reduction in the high numbers of dental extractions and "emergencies" is not likely to be seen in the near future, as there appears to be little movement towards the strong preventive measures necessary to achieve this. The most important and effective preventive measure of all, the fluoridation of the public water supplies, is still regarded with suspicion by so many people. With the recent acceptance of fluoridation by Cheshire County Council, this matter was once again considered by Health Committee in June, and was approved. It was disappointing that, following this, Council felt unable to accept the principle of fluoridation yet once again. The other preventive measure that we can and are adopting is dental health education. Our dental Auxiliary is continuing with her good work in this field and, at the end of the year, nearly 50 per cent of all the schools have had, by classes, lectures with visual aids on dental health. The importance of correct diet, oral hygiene and the necessity for frequent dental inspections are stressed to the children, and it is to be hoped that much of this information will be assimilated and bring about the desired correct attitudes. Just how much permanent benefit dental health education has on any community is difficult to measure scientifically. The aim of any health education project is to bring about a change of attitude, and the measure of this, together with its degree of permanence, is difficult to assess.

For some time now I have felt some concern for what appears to be an increasing number of dental appointments which are not kept, at the five clinics in current use. Because of this, I decided to keep an account of the number of broken dental appointments. A total of 17,553 appointments were made in the year, and out of that number, 3,390 appointments were not kept; this figure does not include appointments cancelled in advance for reasons such as illness. Thus, 19 per cent of all appointments were broken, representing that percentage of time wasted by our dental officers - time which could be spent carrying out so much needed dental treatment. Bearing in mind that these appointments have, after all, been requested by parents, one must conclude that this is a measure of their apathy towards such matters. A little more consideration to this matter by these parents would be welcomed.

I introduced my report for 1970, by stating that it was a year of considerable progress. I am pleased to report that trend has been continued in 1971. I am most grateful to Dr. Nicholas and the Education Committee and to all who participated in the working of the department, for making 1971 another successful year.

DENTAL INSPECTIONS AND TREATMENT CARRIED OUTBY THE AUTHORITYDURING THE YEAR ENDED 31ST DECEMBER, 1971ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
First visit	1628	1644	293	3565
Subsequent visits	2975	3989	789	7753
Total visits	4603	5633	1082	11318
Additional courses of treatment commenced	123	99	15	237
Fillings in permanent teeth	2276	4985	1081	8342
Fillings in deciduous teeth	1898	267	-	2165
Permanent teeth filled	1486	3965	885	6336
Deciduous teeth filled	1632	277	-	1909
Permanent teeth extracted	194	801	169	1164
Deciduous teeth extracted	2279	803	-	3082
General anaesthetics	854	573	66	1493
Emergencies	492	351	68	911

Number of pupils x-rayed
 Prophylaxis
 Teeth otherwise conserved
 Number of teeth root filled
 Inlays
 Crowns
 Courses of treatment completed

310
 1494
 159
 19
 4
 16
 2103

ORTHODONTICS

New cases commenced during year
 Cases completed during year
 Cases discontinued during year
 Number of removable appliances fitted
 Number of fixed appliances fitted
 Pupils referred to Hospital Consultant

71
 39
 8
 106
 -
 -

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	3	17	11	31
Number of dentures supplied	4	22	17	43

ANAESTHETICS

General Anaesthetics administered by
Dental Officer

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INSPECTIONS

(a) First inspection at school. No. of pupils	5358
(b) First inspection at clinic. No. of pupils	2724
Number of (a) + (b) found to require treatment	6410
Number of (a) + (b) offered treatment	5654
(c) Pupils re-inspected at school clinic	1032
Number of (c) found to require treatment	683

SESSIONS

Sessions devoted to treatment	1769
Sessions devoted to inspection	58
Sessions devoted to Dental Health Education	86
